DOCUMENT RESUME

ED 298 751 EC 210 787

TITLE	Report of the Council for Exceptional Children's Ad Hoc Committee on Medically Fragile Students.
INSTITUTION	Council for Exceptional Children, Reston, Va.
PUB DATE	Mar 88
NOTE	17p.; A report received and approved by the CEC Advocacy and Governmental Relations Committee. Corresponding amendments to CEC Policies adopted by the CEC Delegate Assembly.
AVAILABLE FROM	Council for Exceptional Children, Publication Sales, 1920 Association Dr., Reston, VA 22091 ($6.40, $5.10 members; Publication No. 630).
PUB TYPE	Viewpoints (120)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Access to Education; Ancillary School Services; Delivery Systems; *Educational Practices; Educational Research; Eligibility; Health Services; Mainstreaming; Program Development; Safety; *School Policy; Social Support Groups; *Special Education; *Special Health Problems; Standards; *Student Needs; Student Placement; Student Transportation; Teacher Education
IDENTIFIERS	*Council for Exceptional Children; *Medically Fragile

ABSTRACT

New opportunities are available for students with special health care needs requiring specialized technological health care procedures for life support and/or health support, and attention to appropriate educational programs is required. Guidelines proposed by the Council for Exceptional Children's Ad Hoc Committee on Medically Fragile Students focus on nine issues: determining eligibility for special education services; providing related and noneducational services; assuring equal access to appropriate educational settings in the least restrictive environment; promoting a safe learning environment for all students and professionals; assuring that health care services are delivered by appropriately trained personnel; establishing support systems for staff, students, and families; including information about students' specialized health care needs in professional education programs; providing appropriate and safe transportation; and promoting research that assesses current and future service delivery models. An amendment to the Council's policies modifies Chapter (8) by adding a new section (8) 322, incorporating the proposed guidelines for students with special health care needs. Appended is a reprint of an article by Barbara Sirvis titled "Students with Special Health Care Needs," from the summer 1988 issue of "Teaching Exceptional Children." (JDD)

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Final Report by the CEC Ad Hoc Committee on Medically Fragile Students

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In the past five years new opportunities have opened for students who previously spent long periods of time in hospitals or their homes due to unique educational needs that are confounded by their extreme medical needs. Students who have special health needs, who are medically fragile or technologically dependent, have survived catastrophic health events and need prolonged specialized health care. It is the consensus of the Committee that the term medically fragile is not appropriate and thus the Committee provides a broad-based functional definition of this population:

> Students with specialized health care needs require specialized technological health care procedures for life support and/or health support during the school day. These students may or may not require special education.

Students may have a variety of specialized health care needs including ventilator dependence, tracheotomy dependence, oxygen dependence, nutritional supplement dependence, congestive heart problems, long-term and high-tech care, apnea monitoring, and/or kidney dialysis (GLRRC, 1986). The Office of Technology Assessment (1987) has defined these children as in need of "both a medical device to compensate for the loss of a vital body function and substantial and ongoing nursing care to avert death or further disability" (p.3). Depending on the definition applied, it is estimated that as many as 100,000 infants and children may be in some way technologically dependent.

While much of the current literature continues to focus on issues related to health care financing and the relative cost benefits of hospital versus home based services, attention to appropriate educational programs has also begun. The needs for quality nursing care, home health services, and extensive equipment for successful transition to the home environment have implications for the development of educational programs and the timely transition to an appropriate school environment. This transition will be affected by the ability of school districts and health care providers to establish guidelines for payment for health care services; to assume liability; to organize interdisciplinary teams of professionals who will provide appropriate support and inservice training for successful integration in school settings; and to provide an appropriate education program.

A physical disability or a health impairment may be the primary handicapping condition that qualifies a student for special education; or these disabilities may be secondary to another handicapping condition (e.g. mental retardation). Students may be eligible under some existing governmental definitions if they have limited strength, fatigue easily or have chronic or acute health problems that adversely affect their ability to achieve educational success. Whether or not students meet eligibility requirements, numerous issues surrounding liability and appropriate medical services that support participation in the educational environment must be resolved and potential barriers to educational services must be removed.

PROPOSED GUIDELINES FOR THE PROVISION OF EDUCATION AND RELATED SERVICES FOR CHILDREN WITH SPECIALIZED HEALTH CARE NEEDS

Purpose

The challenges created by the medical needs of students with severe health impairments and/or technological dependence can be great. However, this group of students has great potential for successful participation in the learning experience. Special education personnel are responding to the challenge as school districts experience an increase in the number of students who have specialized health care needs.

The purpose of this committee is to provide guidelines and principles for the provision of special education and related services to students with specialized health care needs. The work of the committee centered around eight basic issues:

1. Determining eligibility for special education services.
2. Providing related and noneducation services.
3. Assuring equal access to appropriate educational settings in the least restrictive environment.
4. Promoting a safe learning environment for all students and professionals.
5. Assuring that health care services are delivered by appropriately trained personnel.
6. Establishing support systems for staff, students, and families.
7. Including appropriate information about students' specialized health care needs in preservice, inservice, and continuing education programs.
8. Providing of appropriate and safe transportation.
9. Promoting research that assesses current and future service delivery models.

The following are recommended guidelines for each issue area.

Issue #1 - Determining Eligibility for Special Education Services

- Eligibility should be determined on a case by case basis.
- If the special health care needs of the student interfere with the student's ability to learn, special education and related services must be provided to meet those needs.

- The extent of the student's intellectual impairment is not a legitimate factor to consider when determining eligibility for special education.

- Referrals and programs of all service providers and agencies should be coordinated to assure early appropriate and ongoing intervention.

Issue #2 - Providing Related and Noneducational Services

- Prior to enrollment in an educational program the following items must be determined by an interdisciplinary team that includes appropriate health care professionals, school personnel, and the parents:

  - What are the types and nature of services to be provided?

  - What is the extent and frequency of services to be provided?

  - Which agency has responsibility for specified health care services?

  - What, if any, interagency agreements are required for provision of special health care services?

  - Where and under what conditions are the services to be provided?

  - What professional or paraprofessional will provide the services?

  - How often will the IEP or service plan be reviewed?

  - Criteria for terminating services.

- A case manager to access, coordinate and assure appropriate services should be appointed for each student.

Issue #3 - Assuring Equal Access to Appropriate Educational Settings in the Least Restrictive Environment

- Placement is reviewed at least annually, more frequently if necessitated by changes in the student's health status or educational progress.

- Placement decisions should be made by a group of persons knowledgeable about the student, the meaning of the evaluation data, and the continuum of placement options.

- Students must be placed on the basis of individual needs and not as a result of the category of handicapping condition or configuration of the service delivery system.

- Placement should not be made on the basis of availability or location of related services, but on the most appropriate setting in the least restrictive environment for each individual student.

- Absence, attendance and scheduling policies should be modified and adapted to assure that any absences created by weekly treatments or prolonged hospital stays do not hamper educational progress.

- Advanced preparation and planning and flexible arrangements for home teaching and hospital teaching should be utilized to assure that a student's educational program is not interrupted or when a student is absent from school on a regular or prolonged basis.

Issue #4 - Promoting a Safe Learning Environment

- When appropriate, each student should be evaluated for potential risk of transmitting disease to others in the environment.

- Reasonable standards for a clean environment in which health risks can be minimized should be established.

- Personnel responsible for the use, maintenance, storage and disposal of health care materials and equipment shall receive appropriate instruction to carry out their specific responsibilities.

- All health care equipment and materials should be accompanied by written standards for use, maintenance, storage and disposal to minimize the risk of danger to all persons within the educational environment.

- Medication should be administered in accordance with written instructions from the primary health care provider.

- Liability policies for the personnel responsible for the use, maintenance, storage, and disposal of materials, equipment and medication should be reviewed and amended as appropriate.

- Encourage parents and staff (principals, secretaries, custodians, cafeteria workers, teachers, paraprofessionals, and other support personnel) to become certified in CPR and First Aid.

Issue #5 - Assuring That Health Care Services Are Delivered By Appropriate and Adequately Trained Personnel

- Identify the necessary skills needed to deliver each health care service.

- Delineate appropriate roles and functions of interdisciplinary personnel who provide services and/or training for service provision.
- Delineate the qualifications, certification, or training of personnel to deliver health care services.
- Establish standards for the supervision of the delivery of health care needs.
- Establish procedures that require a physicians approval and review.
- Establish appropriate procedures for monitoring or reviewing the student's program beyond the required timelines if necessary.

Issue #6 - Establish Support Systems for Staff, Students, and Families

- Assure the availability of student and parent advocates.
- Information on related issues re: legal support, home health care, health care financially should be available for families.
- Information on support groups unique to the student's and family needs should be available for professionals and families.
- Establish opportunities for staff interaction and professional support.

Issue #7 - Including Appropriate Information About Students With Specialized Health Care Needs in Inservice, Preservice, and Continuing Education Programs

- Personnel who might have contact with students requiring specialized health care needs should demonstrate:
  - Awareness and understanding of students' health care, emotional, and educational needs.
  - Knowledge of common medical and health terms.
  - Knowledge of medical characteristics including etiology and implications.
  - Knowledge of physical, developmental, and emotional characteristics.
  - Knowledge of appropriate curricular and environmental modifications.

- Knowledge of the roles and responsibilities of the health care professional in the classroom.

- Knowledge of the importance and necessity for establishing support systems for personnel, students, and families.

- Knowledge of resources for family.

Issue #8 - Providing Appropriate and Safe Transportation

- Eligibility for transportation and the mode of transportation should be determined by an interdisciplinary team.

- The need for transportation should not be contingent on eligibility for special education, but be based on the most appropriate and safe way to transport a student to school.

- Criteria for transportation services should be individually determined.

- Transportation should be individualized for students with specialized health care needs.

- Modifications of traditional transportation vehicles is encouraged.

- Transportation personnel should be provided adequate training in transporting students with specialized health care needs. Training should include placing the student on and off the transportation vehicle and appropriate first aid procedures.

- All transportation vehicles shall have an emergency card for each student transported. This will expedite implementation of appropriate procedures and contacts in case of an emergency during transport.

- Written procedures for the transportation of students with specialized health care needs should be developed by appropriate personnel in all involved agencies. Such procedures should be conveyed to all involved in service delivery that includes transportation.

Issue #9 - Promoting Research That Assesses Current and Future Delivery Models

- Service providers should establish ongoing program evaulation and monitoring procedures recognizing the appropriateness of case students and single subject designs.

- Networks should be established for communication among professionals and agencies providing services.

- Funding should be sought for an institute that identifies exemplary programs and conducts research and training.

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AMENDMENT TO THE POLICIES OF THE COUNCIL FOR EXCEPTIONAL CHILDREN
AMEND CHAPTER (8) BY ADDING A NEW SECTION (8) 322

Students with Special Health Care Needs

Introduction/Rationale

Recently, new opportunities have opened for students who previously spent long periods of time in hospitals or their homes due to the unique educational needs that are confounded by their extreme medical needs. Students who have special health care needs, who are medically fragile, or who are technologically dependent have survived catastrophic health events and need prolonged specialized health care. Students may have a variety of specialized health care needs, including ventilator dependence, tracheotomy dependence, oxygen dependence, nutritional supplement dependence, congestive heart problems, long term and high tech care, apnea monitoring, and/or kidney dialysis (GLRRC, 1986). While much of the current literature continues to focus on issues related to payment for medical services and the efficacy of hospital versus home-based services, attention to appropriate educational programs must also begin. The need for quality nursing care, home services, and extensive equipment for successful transition to the home environment have implications for the development of educational programs and the timely transition to an appropriate school environment. There is a clear and present need for policies and procedures that attend to both health care and educational needs. Therefore, the committee proposes that CEC adopt the following policy:

Amendment to Section (8) 322

The Council for Exceptional Children believes that having a medical diagnosis that qualifies a student as one with a special health care need does not in itself result in a need for special education. Students with specialized health care needs are those who require specialized technological health care procedures for life support and/or health support during the school day. The Council believes that policies and procedures developed by schools and health care agencies that serve students with special health care needs should: 1) not exclude a student from receipt of appropriate special education and related services; 2) not exclude a student from receipt of appropriate educational services in the least restrictive environment; 3) not require educational agencies to assume financial responsibility for noneducationally related medical services; 4) define clearly the type, nature, and extent of appropriate related services to be provided and the nature of the appropriate provider; 5) assure that placement and service decisions involve interdisciplinary teams of personnel knowledgeable about the student, the meaning of evaluation data, and placement options; 6) promote a safe learning environment, including reasonable standards for a clean environment in which health risks can be minimized for all involved; 7) provide assurance that health care services are delivered by appropriate and adequately trained personnel; 8) provide appropriate medical and legal information about the special health care needs of students for all staff; 9) provide appropriate support mechanisms for students, families, and personnel involved with students with special health care needs; and 10) provide appropriate and safe transportation.

The Council for Exceptional Children believes that special education personnel preparation and continuing education programs should provide knowledge and skills related to: 1) the nature and management of students with special health care needs; 2) exemplary approaches and models for the delivery of services to students with special health care needs; and 3) the importance and necessity for establishing support systems for students, parents/families, and personnel.

Recognizing that this population of students is unique and relatively small, the Council for Exceptional Children still believes that the manner in which policies are developed and disseminated related to students with special health care needs is critically important to effective implementation. In development of policy and procedure for this low-incidence population, the following must be considered integral to any such process: 1) that it be developed through collaborative efforts of health and education agencies at state, provincial, and local levels; 2) that it reflects federal, state, provincial, and local educational, health, and legal requirements; 3) that it provides for frequent review and revision of intervention techniques and programs as a result of new knowledge identified through research, program evaluation and monitoring, and other review mechanisms; 4) that policies are supported by data obtained from medical and educational professions; 5) that policy development is easily understandable by students, professionals, and the public at large; and 6) that policy development and dissemination should be a continual process and disassociated from pressures associated with precipitating events.

Students with Special Health Care Needs

Barbara Sirvis

In Louisiana, a 9-year-old girl sustained a high cervical spinal cord injury, resulting in minimal head control and need for ventilator assistance in breathing. In her fourth grade class, she requires mechanical ventilation, suctioning, positioning, catheterization, and assistance with equipment for eating and computer writing. She also requires immediate action in the case of an equipment breakdown or a health emergency.

A 16-year-old young man sustained a closed head injury as a result of a motor vehicle accident. He was in a coma for a period of 9 weeks. When he reentered school, he was ambulatory with a walker and exhibited impaired memory, fluctuating academic skills, poor attention, poor judgment, and minimal impulse control. He requires frequent evaluations to monitor changes in his behavioral and academic status as well as modifications of conventional classroom structure, discipline, and programming.

A 3-year-old with a rare congenital metabolic disorder requires a protein-restricted diet and monitoring of vital signs and symptoms of ammonia build-up. She is in a full-day preschool program. Her teacher assists cafeteria workers in the selection of foods and carefully records food intake. (Caldwell, 1987)

Public Law 94-142, the Education for All Handicapped Children Act, and Section 504 of the Rehabilitation Act have opened classroom doors for many students who previously were unserved. Recently, a new group of students has emerged who have unique educational needs that are confounded by their extreme medical needs. The referral of these students, who are sometimes labeled *medically fragile*, and who may be technologically dependent, has raised many questions about the nature of educational and medical services for which school districts are responsible. While administrators, legislators, public health officials, and others attempt to resolve the question of who shall provide services, classroom teachers have an immediate need to understand the educational potential and needs of these students to ensure that they will not be at risk, either physically or educationally, in the classroom. This article provides a broad overview of the nature and needs of these students.

Definition Is Difficult at Best

Students who have special health care needs have survived catastrophic medical events and may need prolonged specialized health care. The CEC Task Force on Medically Fragile has provided a broad-based functional definition of this group as follows:

"Medically fragile students require specialized technological health care procedures for life support and/or health support during the school day. These students may or may not require special education" (The Council for Exceptional Children, 1988).

Students may have a variety of specialized health care needs including ventilator dependence, tracheostomy dependence, oxygen dependence, or nutritional supplement dependence, congestive heart problems, long-term care, high-technology care, apnea monitoring, and/or kidney dialysis (GLRRC, 1986). The Office of Technology Assessment (OTA) (1987) has defined these children as in need of "both a medical device to compensate for the loss of a vital body function and substantial and ongoing nursing care to avert death or further disability" (p. 3). Depending on the definition applied, OTA estimates that as many as 100,000 infants and children may be technologically dependent in some way.

While much of the current literature focuses on issues related to health care financing and the relative cost benefits of hospital versus home-based services, professionals have also begun to give attention to appropriate educational programs. The need for high-quality nursing care, home health services, and extensive equipment availability to facilitate successful transition to the home environment has implications for the development of appropriate school-based programs. The transition of students from home to school settings will be affected by the ability of school districts and health care providers to establish guidelines for financing health care services and professional liability insurance; to organize interdisciplinary teams of professionals who will provide appropriate support and inservice training for successful integration in school settings; and to provide an appropriate educational program.

Students with specialized health care needs often can qualify for special education services if their medical diagnosis qualifies them as "other health impaired." For example, they are eligible under P.L. 94-142 if they have "limited strength, vitality or alertness, due to chronic or acute health problems, . . . which adversely affects [their] educational performance." The definition provides the potential justification for appropriate educational placement. However, issues surrounding liability and appropriate medical services that support participation in the educational environment still must be resolved, and potential barriers to educational services must be removed.

Why Are They at Risk?

Concerns of special education personnel focus on the factors that put these students at risk for learning difficulties. Students' medical needs and

technological dependence must be met before they can benefit from the classroom experience. Teachers are central to classroom success, but even the most skilled special education teacher may be somewhat reticent to provide educational services for students with special health care needs. Questions about liability exposure when a student's life is dependent on special health care procedures, combined with the problem of finding time to meet the educational needs of all students in the classroom, are two of the concerns the receiving teacher might have.

Medical concerns are one of the major factors affecting learning for these students. Fatigue, limited vitality, short attention span, and limited mobility are just some of the characteristics that can accompany technological dependence. Because of them there can be a need for supplemental assistance from support personnel (e.g., physical and occupational therapists, inhalation therapists, nurses, aides). All education personnel must be familiar with the appropriate medical procedures and interventions that are part of the regular care of students with special health care needs as well as those required in emergency situations. Inservice programs such as those developed by the Milwaukee Public Schools (P. Ollie, personal communication, September 9, 1987), provide staff with the knowledge and skills they need to interact with and meet the needs of each student.

Educational Options

Historically, children with severe health problems who required careful medical attention were placed in isolated settings in institutions or hospitals. With the advent of P.L. 94-142,

A Typical Day by Jonathan Magbie

7:30 A.M.—Ugh! Time to wake up and get ready for school. My night nurse begins my daily care with bathing and range of motion. I have to have a morning cath (urinary catherterization) and tracheostomy care. It's off the ventilator and on to the diaphragmatic pacing system.

9:00 A.M.—The bus is here! Sometimes I wish it would get lost on the way to school. There are only a few little kids on the lift bus that comes. James Ryder Randall is not my home school. I started there when I first came home from the hospital because they had all the OT's and PT's and extra teacher's aides to help me. I like it there. The kids are pretty nice.

9:30 A.M.—We pull into school and Joyce, my day nurse, helps me off the lift. Joyce goes to my classroom down one hall and I go down another. I like to come into class by myself. It feels better than having a nurse being with me all the time.

9:45 A.M.—Language Arts time—We're learning to write "friendly" and "business" letters. Kenneth sits next to me and puts my book on the stand of my wheelchair tray. Several kids in the class like to take turns helping me and sometimes Mrs. Harris, my teacher, has to referee. Later Kenneth adjusts my chin control and turns on my chair so I can move to the table and check my spelling words.

10:40 A.M.—Time for math. This is one of my best subjects. We're picking teams for a contest on multiplication tables. My buddies chose me quickly. Somebody shouts, "Cut him on!" That means someone should turn on my chair and position my mouthstick so I can move up to the front of the room to get in line.

11:00 A.M.—Time to do seat work again. Kenneth shares my book but Joyce helps me do the division problems. She writes the numbers that I dictate to her. Sometimes I make a mistake but Joyce just writes it anyway! I wish she'd put in the right answer.

11:25 A.M.—The rest of the class has P.E. (Physical Education) but Joyce stays here with me. Joyce and I work on my language arts homework. I'm usually pretty tired when I go home, so having extra time to finish my work really helps.

12:00 Noon—Recess time—It's too cold to go outside today. Joyce and I decide to stay in and read for my book report. I get pretty good grades, mostly A's and B's. Mrs. Harris is a pretty good teacher. She's strict but she also kids with us a lot. We had some trouble in the beginning of the year because I used to try to bump kids with my wheelchair. I had to do detention for that.

12:30 P.M.—Lunch time—We go to the cafeteria and Joyce feeds me the school lunch. I tried to use my feeder when I first started school here but it took too long.

1:00 P.M.—Reading groups—Shauna is helping me this afternoon. She turns the pages as Mrs. Harris asks questions about the story. Since I can't raise my hand, Mrs. Harris just calls on me when she wants an answer. When I don't know the answer I just say "I don't know." Mrs. Harris says I say that a lot.

Mrs. Harris and most of the kids don't really know much about all my equipment and why I need it. I really don't think they have to know all that stuff. They just need to know me, Jonathan.

Today Mrs. Harris is helping me with page turning. I don't like her to help me too much or give me any special attention. It makes me more like the other kids and not the teacher's special kid.

3:00 P.M.—I have to write some sentences for my spelling words. Joyce positions my electric typewriter and gives me my mouthstick. I'm pretty fast with it.

3:25 P.M.—Time to go home. I have to tell Joyce what books I need for my homework. That's my responsibility. If I forget, it's my tough luck.

I'm on the safety patrol so I have to get out to my post in the hall before the other kids are dismissed. I really yell at them if they run or are goofing around.

I tell Joyce to suction me before we get on the bus. I know when I have something (mucus) there that I can't clear and I can pretty much tell her where it is and how far to take the catheter down. I only need to be suctioned a couple times a day unless I have a cold, then I may need it a lot.

3:40 P.M.—The bus ride home. Can't wait to get into bed for a little while and rest.

My days are really busy but I don't see them as all that different from anybody else. I'm just Jonathan.

these children now have a right and an opportunity to receive a free and appropriate education. Students with special health care needs must have their immediate medical needs accommodated before their educational needs can be addressed. When they are medically stable, such students should participate in the educational programs that best meet their learning needs. In some cases, this means providing instruction in specialized medical settings, but in the majority of cases, students can be placed in classroom settings. Placement choices should be diverse, providing a broad continuum of opportunities. In all cases, educational placements should be made by an interdisciplinary team that includes the student's parents and physician. Decisions should take into account health care needs, appropriateness of setting, risks to the student, and training of personnel.

Hospital and Home Placement

In the most serious cases, children may reside in hospital settings, and hospital-based instruction may be most appropriate. If the transition from hospital to home is considered a significant enough change, requiring time for additional stabilization and adjustment by the student and the parent, home-based instruction may be appropriate. Some students need home-based instruction due to the physical demands of the school program or because their life support equipment cannot be made portable and adaptable to the school setting (Kaufman & Lichtenstein, n.d.). One innovative approach involves the use of teleteaching, which provides opportunities for students to participate in class discussions from their beds at home. This strategy might also facilitate transition to the school environment (Kleinberg, 1984). Home-based instruction or parent-infant education programs are also appropriate for young children for whom school programs are not available. With the advent of Public Law 99-457 (EHA Amendments of 1986), there should be an increase in the number of programs available for young children who have severe health problems.

Special Class Placement

For some students, the least restrictive and most appropriate educational environment is a special class. Nursing and related care can be provided by the school nurse, a home health agency nurse, or, in some cases, the classroom teacher or aide. It is important that placement in a special class be based on the unique educational needs of the student and *not* solely on the basis of the need for nursing care. As in the case of home-based instruction, placement in a special class can often be a transitional placement to allow time and opportunity for educational personnel to assess the child's educational potential and determine what special needs must be provided for in the regular classroom setting.

Regular Class Placement

Students with special health care needs may be able to function in regular classrooms. However, due to fatigue factors, regular class placement may need to be on a limited basis. Flexible scheduling might be needed; for example, a student might receive some instruction in the regular classroom and some in the hospital when receiving outpatient services such as dialysis. Although many medically fragile students need uninterrupted availability of support services personnel such as an additional full-time nurse or aide, in many instances, it is possible for classroom teachers and other school personnel to be trained to provide the necessary support services. Programs such as the ones at Children's Hospital in New Orleans (T. Caldwell, personal communication, September 11, 1987) and the Coordinating Center for Home and Community Care in Baltimore (N. J. Bond, personal communication, September 10, 1987) address the issues of providing care and training high-quality caregivers in schools to assure student well-being and safety.

Teacher's Roles

While administrators wrestle with the difficult issues surrounding necessary interagency agreements for provision of appropriate noneducational support services, teachers must prepare their classrooms for students who have severe health impairments, and/or are technologically dependent. The learning environment must be made hygienically safe. Teachers must be ready to adjust classroom schedules until a satisfactory system can be developed that maximizes educational benefit for these students. They must also be ready to adapt assessment and instructional procedures to foster academic success. A balanced intervention approach that recognizes the importance of quality of life should provide the basis for the delivery of high-quality services. Quality of life issues include the "importance of humor, leisure education, behavioral expectations for participation in family life, and death education" (Sirvis, 1987, p. 27).

Teachers also should be ready to spend time with students' parents. Parents are likely to have concerns about their child's medical and psychological vulnerability in the classroom. They need reassurance that their child will be cared for by well-trained personnel. Parents generally are quite knowledgeable about their child's strengths and weaknesses, and they can suggest specific techniques for maximizing performance. To allay parental fears about school placement, teachers might consider encouraging parents to observe their child in the classroom.

Classroom schedules should be adjusted for students with limited vitality to create maximum on-task learning time. Teachers should avoid "exaggerated deference to the medical implications of a child's handicap" (Hobbs, Perrin, Ireys, Moynihan, & Shayne, 1984, p. 212) to normalize the educational experience. There should be clear plans for emergencies, (e.g., fire drill procedures that allow one-to-one care for each student), but as much as possible, interruptions for medical intervention, such as suctioning and medication, should be nondisruptive to classmates. Classroom activities should maximize options for social interaction rather than isolation or a focus on limitations. For example, suctioning can be scheduled for quiet individual study times rather than group music times, or class parties can include food "treats" that meet a student's dietary restrictions.

Once the medical and related management needs of students have been addressed and appropriate assessment completed, teachers should identify or develop suitable curricula and implement appropriate educational programs. Modifications common to students with physical disabilities may be necessary (e.g., providing adaptive response modes for completion of

assignments; removing timing requirements for examinations; and modifying tasks that require hand use and/or mobility). Some students can benefit from the use of specially designed adaptive positioning equipment that enhances their potential for engagement in activities and facilitates social interaction with classmates. Some may require frequent changes in position for comfort or to prevent development of deformities. Several modifications may be necessary to decrease the potential for fatigue, but in some cases the modifications may be temporary.

Teachers may have to provide remedial instruction when students are forced to miss school due to medical complications. Whenever possible, cooperative programs should be established with hospital teachers to assure continuation of educational programs while students are in the hospital.

The Challenge

The educational challenges created by the special needs of students with severe health impairments and/or technological dependence can be great. However, this group of students can participate successfully in the learning experience. Special education personnel are responding to the challenge, not in a vacuum, but in collaboration with health care and related service personnel and parents. Quality of education is an important component of quality of life. Teachers can enhance the quality of these students' lives by providing a safe and appropriate learning environment.

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Special credit to Nancy Jane Bond, Education Coordinator, Coordinating Center for Home and Community Care, Inc., Millersville, Maryland, and the teachers and students at James Ryder Randall Elementary School, Prince George's County, Maryland.

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